

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754646

FILED
Jan 23, 2009
Secretary of State

Entity Name: MYSTIC WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 180095
CASSELBERRY, FL 327180095

New Principal Place of Business:

502 WOODFIRE WAY
CASSELBERRY, FL 327070095 US

Current Mailing Address:

P.O. BOX 180095
CASSELBERRY, FL 327180095

New Mailing Address:

P.O. BOX 180095
CASSELBERRY, FL 327180095 US

FEI Number: 59-2961662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GESSO, RICK
502 WOODFIRE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GESSO, RICK
Address: 502 WOODFIRE
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: CARROLL, ELISABETH
Address: 542 WOODFIRE WAY
City-St-Zip: CASSELBERRY, FL

Title: D () Delete
Name: CALDWELL, JOHN
Address: 550 MYSTIC WOOD WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: URBAN, JAN
Address: 602 WOODFIRE WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: DENTON, ANN
Address: 544 WOODFIRE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: DORMAN, ROSE
Address: 560 WOODFIRE WAY
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEDREL, PAT
Address: 551 MYSTIC WOODS ST
City-St-Zip: CASSELBERRY, FL 327070095 US

Title: SEC (X) Change () Addition
Name: ACOSTA, SUSAN
Address: 575 WOODFIRE WAY
City-St-Zip: CASSELBERRY, FL 327180095 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: HODSON, GAIL
Address: 535 MYSTIC WOODS ST
City-St-Zip: CASSELBERRY, FL 327070095 US

Title: D (X) Change () Addition
Name: DENTON, ANN
Address: 544 WOODFIRE
City-St-Zip: CASSELBERRY, FL 32707

Title: VP (X) Change () Addition
Name: TREMAINE, MICHELLE
Address: 537 MYSTIC WOODS ST
City-St-Zip: CASSELBERRY, FL 327070095 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL HODSON

TR

01/23/2009

Electronic Signature of Signing Officer or Director

Date